

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN2521AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/17/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>BEE HIVE HOMES LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1683 WINCHESTER DR ELKO, NV 89801</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  Surveyor: 28380 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 8/17/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was seven. Seven resident files were reviewed and six employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of B.  The following deficiencies were identified:	Y 000		
Y 103 SS=D	449.200(1)(d) Personnel File - NAC 441A  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.  This Regulation is not met as evidenced by: Surveyor: 28380	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1  Based on record review on 8/17/2009, the facility failed to ensure 1 of 6 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing (Employee #5, no annual TB skin test) for the protection of all residents.  Severity: 2 Scope: 3	Y 103		
Y 106 SS=F	449.200(2)(a) Personnel File - 1st aid & CPR  NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation.  This Regulation is not met as evidenced by: Surveyor: 28380 Based on record review on 8/17/2009, the facility failed to ensure that 4 of 6 caregivers were re-trained in first aid and cardiopulmonary resuscitation (Employee #2, #3, #4 and #5).  This was a repeat deficiency from the 8/26/2008 State Licensure survey.  Severity: 2 Scope: 3	Y 106		
Y 859 SS=E	449.274(5) Periodic Physical examination of a resident	Y 859		

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Y 859	Continued From page 2  NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician.  This Regulation is not met as evidenced by: Surveyor: 28380 Based on record review on 8/17/2009, the facility failed to ensure that 2 of 7 residents received an annual physical (Resident #2 and #5).  Severity: 2 Scope: 2	Y 859			
Y 936 SS=F	449.2749(1)(e) Resident file-NRS 441A Tuberculosis  NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.	Y 936			

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Y 936	<p>Continued From page 3</p> <p>This Regulation is not met as evidenced by: Surveyor: 28380 Based on record review on 8/17/2009, the facility failed to ensure 1 of 7 residents complied with NAC 441A.380 regarding tuberculosis (TB) testing (Resident 1, missing evidence of positive TB skin test) which affected all residents.</p> <p>Severity: 2 Scope: 3</p>	Y 936			

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